



**City of Hermosa Beach**  
 1315 Valley Drive, Hermosa Beach, CA 90254  
 310.318-0203 - Fax 310.372-6186



PRR-19-00147 821911561  
 040168401-1

Received By: J. Hudson

Referred To: Comm Development

Date Referred: 10/15/10

## Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney-client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

<b>Name (please print)</b> ERIC HOBBS LEXISNEXIS CLAIMS SOLUTIONS INC.		<b>Email:</b> cru.incoming@lexisnexisrisk.com
<b>Address:</b> P.O.BOX 740167		<b>Phone:</b> (678)924-4900 FAX (678)924-4901
<b>City:</b> ATLANTA, GA 30374-0167		<b>Fax:</b>

### Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) Submit all requests to the City Clerk's Office.

Fire Building 6/13/19  
 820 THE STRAND  
 PUI YU  
 PLEASE SEND REPORT FOR FIRE THAT ORIGINATED AT 808 STRAND.

Photocopies are \$0.10 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. Accepted method of payment: Cash or check. Credit card accepted in person only.

Eric Hobbs  
 Signature

10/7/19

Date

### For Departmental Use Only:

#### Action Requested:

Review Only

Copies Requested

#### Action Taken:

Document Reviewed

Copies Provided

Refusal/Reason

By

Date

Non-Existent Document

Other (Please Explain)

### For City Clerk's Use Only:

Date Requestor Notified

Notified By:

Date Picked Up or Mailed







821911561  
5.879

P.O.BOX 740167  
ATLANTA,GA 30374-0167  
(678)924-4900 FAX (678)924-4901

PAY

**REQUEST COPY  
ONLY**

Attention Records Dept.:  
Please help us by returning our Control Copy with the report. Thank you.

TO THE  
ORDER  
OF

**COPY**

DATE

AMOUNT

**\*\*VOID\*\*VOID\*\*VOID\*\***  
**\*\*VOID\*\*VOID\*\*VOID\*\***  
**\*\*VOID\*\*VOID\*\*VOID\*\***

AUTHORIZED SIGNATURE



10/7/19

OUR NUMBER 821911561

**REPORT REQUEST**



**POLICE RECORDS  
PLEASE RESPOND HERE**

☐ Report Attached

Report Cost \$

Number of Pages  
(including this sheet)

☐ Unable to Locate Report with info provided

☐ Loss location not in our Jurisdiction  
Suggest You Try \_\_\_\_\_

☐ No Report Written - Log entry only

☒ Not Releasable / Not Ready \_\_\_\_\_

☐ Comments & Suggestions \_\_\_\_\_

**LOCATION OF LOSS** 820 THE STRAND

City HERMOSA BEACH County LOS ANGELES State CA

Additional Information PLEASE SEND REPORT FOR FIRE THAT ORIGINATED AT 808 STRAND.

**VEHICLE INFO**

**DRIVERS or VICTIMS INFO**

Car Tag # \_\_\_\_\_ State \_\_\_\_\_ Insured Party PUI W YU

Make \_\_\_\_\_ Year \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

VIN \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

**POLICE or FIRE AGENCY who wrote report?**  
**HERMOSA BEACH FD**

Driver #2 \_\_\_\_\_

Driver #3 \_\_\_\_\_

LexisNexis Client ID 5795  
Division 039S

Claim # 040168401-1  
Internal Codes

Claims Adjuster

N0185665



TRAN: **821911561**

PLEASE RETURN THIS FORM WITH YOUR RESPONSE - THANK YOU

(Rev 9/

HB\_AD0000924